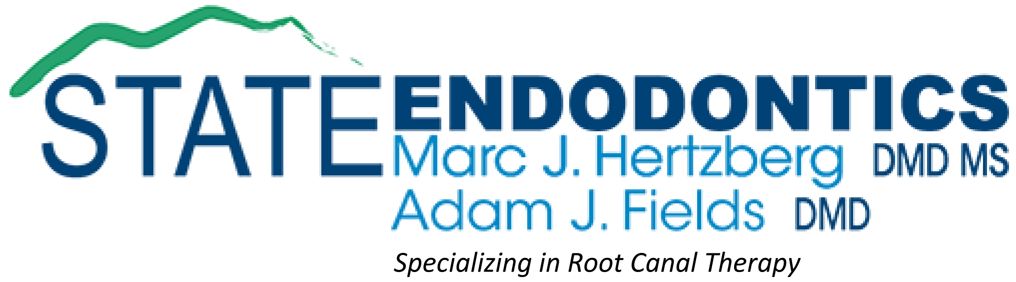

Specializing in Root Canal Therapy

STATE COLLEGE OFFICE
2590 Park Center Blvd., Ste. 102
State College, PA 16801
Phone: 814-231-7668
Fax: 814-231-7665

ALTOONA OFFICE
305 Cayuga Avenue
Altoona, PA 16601
Phone: 814-201-2298
Fax: 814-201-2391

Introducing:____

Home Phone: ____________________ Work Phone: ________________

Referred by Dr:____________________ Date: ____________________

☐ Patient will call. ☐ Please call patient for appointment.

Patient is already appointed on ________________ at ________________
(date) (time)

Please **Check** Affected Tooth or Area

Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Left
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

TREATMENT REQUESTED:

☐ Examine and treat as necessary.
☐ Evaluation only
☐ Surgery / Apicoectomy
☐ Post Removal
☐ Please call for special instructions

☐ Post Placement
☐ Restoration
○ Amalgam
○ Composite
☐ Internal Bleaching

Restorative needs you would like reinforced:

____

Comments:

____

____

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